PART B - FEE(S) TRANSMITTAL

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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N.W.				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
SUITE 800 WASHINGTON, DC 20037				(Depositor's name)			
						(Signature)	
					-	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAM	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/827,303	10/827,303 04/20/2004 Gabriel Charlet				Q80975	2577	
FITLE OF INVENTION: OPTICAL AMPLIFIER, COMMUNICATION SYSTEM AND METHOD FOR CONTROL TILT OF A COMMUNICATION SYSTEM							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$1700	06/05/2006	
EXAMINER		ART UNIT	CI	ASS-SUBCLASS	UBCLASS		
HELLNE	R, MARK	3663		359-337110			
CFR 1.363). Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (housing as a marrhes and a contract of the patent front page, list (3) the name of a single firm (housing as a marrhes and a contract of the patent front page, list (3) the name of a single firm (housing as a marrhes and a contract of the patent front page, list (3) the name of a single firm (housing as a marrhes and a contract of the patent front page, list (3) the name of a single firm (housing as a marrhes and a contract of the patent attorneys or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form register PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer 2 register				e name of a single firm (having as a member a ered attorney or agent) and the names of up to stered patent attorneys or agents. If no name is no name will be printed.			
B. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON THE PATE	NT (print o	or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
ALCATEL Paris, France							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🗀 Government							
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Ultsade Fee Publication Fee (No small entity discount permitted) A check is attached for the NOA Fees payment. Please							
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